

Fill in this information to identify the case:

Debtor name Republic First Bancorp, Inc.

United States Bankruptcy Court for the: EASTERN DISTRICT OF PENNSYLVANIA

Case number (if known) 24-12991

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☒ No. Go to Part 2.

☐ Yes. Go to line 2.

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

3.1	Nonpriority creditor's name and mailing address 90 Fifth Owner LLC c/o RFR Realty 390 Park Avenue New York, NY 10022  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.2	Nonpriority creditor's name and mailing address Equiniti Trust Company, LLC 48 Wall Street Floor 23 New York, NY 10005  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Transfer Agent</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$14,701.26</u>
3.3	Nonpriority creditor's name and mailing address MP 830 Third Avenue LLC c/o AEW Capital Management, Inc. World Trade Center East Two Seaport Lane Boston, MA 02210  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
3.4	Nonpriority creditor's name and mailing address NASDAQ 141 West 42nd Street  New York, NY 10036  Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  Basis for the claim: <u>Portal Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$22,156.29</u>

Debtor	<u>Republic First Bancorp, Inc.</u>	Case number (if known)	<u>24-12991</u>
<u>Name</u>			

---

<b>3.5</b>	Nonpriority creditor's name and mailing address Patterson, Belknap, Webb & Tyler 1133 Avenue of the Americas  New York, NY 10036 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation Counsel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$151,142.77</u>
------------	--	---	---------------------

---

<b>3.6</b>	Nonpriority creditor's name and mailing address Pryor Cashman LLP Attn: Patrick Silbey, Esquire 7 Times Square New York, NY 10036-6569 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Attorney Fees</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,958.00</u>
------------	--	--	-------------------

---

<b>3.7</b>	Nonpriority creditor's name and mailing address Vinson & Elkins The Grace Building - 32nd Floor 1114 Avenue of the Americas New York, NY 10036 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Litigation Counsel</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
------------	--	---	----------------

---

<b>3.8</b>	Nonpriority creditor's name and mailing address Wilmington Trust Company Rodney Square North 1100 North Market Street Wilmington, DE 19890-0001 Date(s) debt was incurred <u>December 27, 2006</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indenture</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$6,186,000.00</u>
------------	--	--	-----------------------

---

<b>3.9</b>	Nonpriority creditor's name and mailing address Wilmington Trust Company Rodney Square North 1100 North Market Street Wilmington, DE 19890-0001 Date(s) debt was incurred <u>June 28, 2007</u> Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Indenture</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,155,000.00</u>
------------	--	--	-----------------------

---

<b>3.10</b>	Nonpriority creditor's name and mailing address Wilmington Trust Company c/o Pryor Cashman LLP Attn: Patrick Sibley, Esquire 7 Times Square New York, NY 10036-6569 Date(s) debt was incurred _ Last 4 digits of account number _	As of the petition filing date, the claim is: Check all that apply.  <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,295.00</u>
-------------	--	---	-------------------

---

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
--------------------------	--	---

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

Debtor Republic First Bancorp, Inc.  
Name

Case number (if known) 24-12991

**5. Add the amounts of priority and nonpriority unsecured claims.**

**5a. Total claims from Part 1**

**5b. Total claims from Part 2**

**5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ 0.00
5b. +	\$ 11,536,253.32
5c.	\$ 11,536,253.32